FORM D

SECURITIES AND EXCHANGE COMMISSION Continue Washington to Commission Washington, D.C. 20549

APR 15 2008

OMB Number:

3235-0076

April 30, 2008 Expires:

Estimated average burden hours per response 16.00

FORM D

NOTICE OF SALE OF SECURITIES snington, DC PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Serial				
CEIVED				

Name of Offering (check if this is an amendment and na Oaklane Fund I Membership Units	ame has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505 ☐ Rule 506 ☐ Section 4(6)	ULOF
Type of Filing: ☐ New Filing ☐ Amendment		LIGARI GREPIATU REULESTO (ARIJADU SIGILIEU IPE
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name	has changed, and indicate change.)	08047447
Oaklane Fund I, LLC		08041441
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
9335 Harris Corners Parkway, Suite 255	Charlotte, NC 28269	704-926-1415
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Own and lease office and industrial properties		
Type of Business Organization		
☐ corporation ☐ limited partn	ership, already formed	specify): limited liability company, already
☐ business trust ☐ limited partn	ership, to be formed	BP80
	Month Year	timated APR 2 1-2008
Actual or Estimated Date of Incorporation or Organization:	0 5 0 7 🗵 Actual 🗆 Es	timated ABD 0 A coop
Jurisdiction of Incorporation or Organization: (Enter two-letter		APK 2 1 2008
CN for Canad	a; FN for other foreign jurisdiction)	N C THOMSO
GENERAL INSTRUCTIONS		FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if it Beacon #11 LLC	ndividual)				
Business or Residence Address 9335 Harris Corners Park					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first, if in Oaklane Capital, LLC	ndividual)				
Business or Residence Address 9335 Harris Corners Park		•			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				,
Business or Residence Address	(Number and S	itreet, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Code)		. , , , , , , , , , , , , , , , , , , ,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				;
Business or Residence Address	(Number and S	treet, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				,
Business or Residence Address	(Number and S	treet, City, State, Zip Code)		
	(Us	blank sheet or conv and i	ise additional copies of this	sheet as necessar	v)

Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Eater the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a horker or dealer registered with the SPC and/or with a state or states, fist the name of the bocker or dealer. Thore than five, Gy persons to be listed are associated person or agent of a horker or dealer registered with the SPC and/or with a state or states, fist the name of the bocker or dealer. Thore than five, Gy persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Latt and first, if individual) NAA State AR CA CO CT DE DC PL GA III GA III IN IA RA RA RA CA CO CT DE DC PL GA III GA III IN IA RA RA RA CA CO CT DE DC PL GA III GA Full Name (Latt name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer Full Name (Latt name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Little Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States All States All States All States All States All States	B. INFORMATION ABOUT OFFERING							
2. What is the minimum investment that will be accepted from any individual?	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	_						
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is associated person or agent of a broker or dealer species and with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a roker or dealer, only set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A States in Which Person Listed Hus Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). ALL AK AZ AR CA CO CT DE DC FL GA HI ID HIS Intended CLast name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Hus Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). ALL AK AZ AR CA CO CT DE DC FL GA HI D AM MI MIN MIN MIN MIN MIN MIN MIN MIN MIN	Answer also in Appendix, Column 2, if filing under ULOE.							
3. Does the offering permit joint ownership of a single unit?	2. What is the minimum investment that will be accepted from any individual?	\$2	5,000					
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to the listed is an associated person or agent of a proker or dealer, so an associated person or agent of a broker or dealer, so any set forth the information for that five (5) persons to be listed are associated persons of such a broker or dealer, so may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Name of Associated Bioker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3. Does the offering permit joint ownership of a single unit?		No					
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer	commission or similar renuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such							
Name of Associated Broker or Dealer		•						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or Residence Address (Number and Street, City, State, Zip Code)							
All States All	Name of Associated Broker or Dealer							
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IL	(Check "All States" or check individual States)	All State	:S					
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		=						
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Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name (Last name first, if individual)	i						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or Residence Address (Number and Street, City, State, Zip Code)							
(Check "All States" or check individual States)	Name of Associated Broker or Dealer	ı						
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA		All State						
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	AL AK AZ AR CA CO CT DE DC FL GA HI	[ID]						
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Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name (Last name first, if individual)		<u> </u>					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or Residence Address (Number and Street, City, State, Zip Code)	r						
(Check "All States" or check individual States)	Name of Associated Broker or Dealer							
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IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	AL AK AZ AR CA CO CT DE DC FL GA HI	[ID]						
MT NE NV NH NJ NM NY NC ND OH OK OR PA								
		=						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCE	EDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		,		
	Type of Security	(Aggregate Offering Price	Amoi	unt Already Sold
	Debt		-	\$	0
	Equity			S	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	· \$	0	\$	0
	Partnership Interests	· \$	0	s	0
	Other (Specify Membership Units in LLC)	, \$ <u>50</u>	000,000	\$30,3	00,000
	Total			\$30,3	00,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	Dolla	ggregate ar Amount Purchases
	Accredited Investors	٠	90	\$ <u>30,3</u>	00,000
	Non-accredited Investors	·	0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
			Type of	Dolla	ar Amount
	Type of Offering		Security		Sold
	Rule 505				
	Regulation A				
	Total			2	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	·		5	
	Transfer Agent's Fees			s	0
	Printing and Engraving Costs		l⊠l	\$ 10.	000

Legal Fees

Accounting Fees.

Engineering Fees

Sales Commissions (specify finders' fees separately)

Total

\$_10,000

\$ 85,000

\$ <u>0</u>

\$<u>0</u>

\$____0

\$__4,000

\$ 99,000

CHAR2\1057920v32

Other Expenses (identify) state filing fees

		E. STATE SIGNATURE					
1.		sently subject to any of the disqualification Yes No					
	See	Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is filed a notice on Form by state law.					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	suer has read this notification and knows the contact thorized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned					
Issuer (I	Print or Type)	ignature / // // Date					
Oaklane	e Fund I, LLC	April 9, 2008					
Name (Print or Type) Title (Print or Type)							
James F	ames F. Harrell Manager of Oaklane Capital, LLC, the Issuer's manager						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	C. OFFERING PRIC	CE, NUMBER OF INVESTORS	S, EXPENSES	AND USE OF PRO	CEEDS	
	b. Enter the difference between the aggrand total expenses furnished in response t proceeds to the issuer."	o Part C - Question 4.a. This	difference is th	e "adjusted gross	,	\$49,901,000
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amo check the box to the left of the estimate gross proceeds to the issuer set forth in re					
					Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				□ \$	□ \$
	Purchase of real estate				■ \$ <u>34,226,000</u>	S \$ 15,250,000
	Purchase, rental or leasing and installation of mach	ninery				
	and equipment				□ \$	□ \$
	Construction or leasing of plant buildings and facil	ities	•••••••••		□ \$	□ \$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset					
	issuer pursuant to a merger)				□ \$	□ \$
	Repayment of indebtedness				□ \$	□ \$
	Working capital.	***************************************			□ \$	□ \$
	Other (specify) Organization Fee				⊠ \$ <u>425,000</u>	S
					□ \$	□ s
	Column Totals				S \$ 34,651,000	⊠ \$ <u>15,250,000</u>
	Total Payments Listed (column totals added)		••••••		△ \$ <u>49,901,000</u>	
		D. FEDERAL SIGN	NATURE			
sign	issuer has duly caused this notice to be signe ature constitutes an undertaking by the issue nformation furnished by the issuer to any non-a	r to furnish to the U.S. Secu	irities and Ex	change Commission	s filed under Rule 5 on, upon written rec	05, the following quest of its staff.
	er (Print or Type) lane Fund I, LLC	Signature 74		Date April 9, 2008		
Nan	e of Signer (Print or Type)	Title of Signer (Print or Type)				
Jam	es F. Harrell	Manager of Oaklane Capital, LL	.C, the Issuer's	manager		
			4.0			
		ATTEN	TION			
	Intentional misstatements or o			al violations (So	e 18 ILS C 1001 \	
	mienional missiatements of t	amazaran ar turt ranztitute te	oviai Ci IIIIIII	ai 7101ati0113, (St	c 10 010.0. 1001.)	

				A	PPENDIX				
l	Intend to non-a investor	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pi	f investor and urchased in State t C-Item 2)		Disqual under Sta (if yes, explana waiver	ification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		х	Membership Units in LLC	1	\$300,000	0	0		X
СО									
СТ									
DE		Х	Membership Units in LLC	1	\$100,000	0	0		X
DC									
FL		X	Membership Units in LLC	1	\$500,000	0	0		X
GA		Х	Membership Units in LLC	1	\$400,000	0	0		X
HI									
ID									
IL									
IN									
IA									
KS									
KY								<u> </u>	
LA								ļ - .	
ME					· · · · · · · · · · · · · · · · · · ·				
MD									
MA									
MI									
MN									
MS									

			····	Α	APPENDIX				
1	Inten- to non-a investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and urchased in State C-Item 2)		Disqual under Sta (if yes, explant waiver	ification ate ULOE attach atton of granted)
State MO	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ		X	Membership Units in LLC	1	\$100,000	0	0		X
NM				·					
NY									
NC		X	Membership Units in LLC	72	\$26,550,000	0	0		Х
ND									
ОН									
OK									
OR						,			
PA									
RI									
SC		X	Membership Units in LLC	8	\$1,350,000	0	0		X
SD									
TN									
TX									
UT									<u> </u>
VT			Membership						
VA		X	Units in LLC	5	\$1,000,000	0	0		X
WA									
WV					<u>-</u>				-
WI									
WY									
PR							<u> </u>		

	·········	•			
	C. OFFERING PRI	CE, NUMBER OF INVESTORS,	EXPENSES AND USE OF PRO	DCEEDS	S1
	b. Enter the difference between the agg and total expenses furnished in response proceeds to the issuer."	fference is the "adjusted gross		\$49,901,000	
5.	Indicate below the amount of the adjuste each of the purposes shown. If the am check the box to the left of the estimat gross proceeds to the issuer set forth in r	ount for any purpose is not kn- e. The total of the payments li	own, furnish an estimate and isted must equal the adjusted		
				Payments to Officers, Directors, & Affiliates	Payments to Others
Sa	laries and fees			□ s	□ s
Pι	rchase of real estate			S \$34,226,000	S \$ 15,250,000
	rchase, rental or leasing and installation of mac	•			
	d equipment				□ \$
Co	onstruction or leasing of plant buildings and fac	ilities		□ \$	□ \$
	equisition of other businesses (including the value				
	fering that may be used in exchange for the asso suer pursuant to a merger)			□ \$	□ \$
	epayment of indebtedness				□ \$
	orking capital				□ \$
Oı	her (specify) Organization Fee			№ \$ 425,000	□ \$
				□ \$	□ \$
	olumn Totals			■ \$ <u>34,651,000</u>	⊠ \$ <u>15,250,000</u>
То	otal Payments Listed (column totals added)			∑ \$49,901,000	
 -		D. FEDERAL SIGNA	ATRIDE		
The icc	uer has duly caused this notice to be signe		· · · · · · · · · · · · · · · · · · ·	ic filed under Pule 5	05 the following
signatu	re constitutes an undertaking by the issue remation furnished by the issuer to any non-	er to furnish to the U.S. Secur	ities and Exchange Commissi	on, upon written rec	quest of its staff,
•	Print or Type)	Signature 2 / 1 /	Date		
	Fund I, LLC	to The	April 9, 2008		
	f Signer (Print or Type) . Harrell	Title of Signer (Print or Type) Manager of Oaklane Capital, LLC	the Issuer's manager		
	. riarren	Manager of Oaklane Capital, LLC	c, the issuer's manager	· · · · · · · · · · · · · · · · · · ·	
		ATTENT	ION ————		,

Intentional misstatements or omission of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE				
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes provisions of such rule?					
	Se	e Appendix, Column 5, for state response.				
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required.	to furnish to any state administrator of any state red by state law.	in which this notice is filed a notice on Form			
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.					
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.					
	eer has read this notification and knows the cohorized person.	intents to be true and has duly caused this notice	to be signed on its behalf by the undersigned			
Issuer (P	rint or Type)	Signature 2 11 00	Date			
Oaklane	Fund I, LLC	I full	April 9, 2008			
Name (P	rint or Type)	Title (Print or Type)				
James F.	Harrell	ager				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

